## In the Court of Appeals of the State of Alaska

Carl I. Jimmy,		)	Court of Appeals No. A-12569
	Appellant,	)	<b>Notice of Intent</b>
v.		)	to Appellant to
		)	<b>Enter Judgment For Cost of</b>
State of Alaska,		)	Appointed Attorney
·		)	Appellate Rule 209(b)
	Appellee.	)	•
			Date of Notice: 5/15/19

Trial Court Case # 4BE-82-00551CR

Unless you or the prosecutor objects by 7/1/19 (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your court-appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Sentence appeal or Petition for Sentence Review	\$ 250	\$ 500
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	1,500

Ryan Montgomery Sythe, Chief Deputy Clerk

Mailed to Appellant at: Goose Creek Correctional Center

## Distribution:

Morgan White Assistant Public Defender 900 West Fifth Avenue Suite 200 Anchorage AK 99501

Donald Soderstrom Office of Criminal Appeals 1031 W. 4th Ave, Suite 200 Anchorage AK 99501

## In the Court of Appeals of the State of Alaska

Carl Isaac Jimmy, Jr.,	)	1 N. A 12570	
Appellant,	) Court of A	ppeals No. <b>A-12569</b>	
••	) )	pposition	
v.	•	ry of Judgment	
State of Alaska,	,	or Cost of	
,	) Appo	inted Attorney	
Appellee.	)		
Trial Court Case # 4BE-82-00551CR	J		
I oppose the entry of the proposed judge appointed attorney for the following reaso   My conviction was reversed on app	n(s):	ne for the cost of my court-	
☐ I filed a petition for hearing (cas reversed. Judgment should be stayed.	se number S	; conviction can still be	
☐ I filed the following type of action amount for this action:	n, but the clerk of	or court assessed the wrong	
<ul> <li>□ Petition for Hearing</li> <li>□ Petition for Review</li> <li>□ Petition for Sentence Review</li> <li>□ Original Application</li> </ul>	<ul> <li>☐ Sentence Appeal</li> <li>☐ Combined Merit/Sentence Appeal</li> <li>☐ Merit Appeal</li> <li>☐ Post-Conviction Relief Appeal</li> </ul>		
☐ The clerk or court is proposing to en is not correct because all of my offer.			
☐ I should be assessed less than the souly hours on my case. (If you from your attorney showing the hours)	check this box,	you must attach a statement	
Other			
Appellant's Daytime Phone Ap	pellant's Signature	Date	
Appellant's Mailing Address	City	State Zip	
Mailed to State's Attorney on:			